

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-002063

STATE FILE NUMBER

AMENDED

Registration District No.

149

Primary Registration District No.

1002

Registrar's No.

341

FILED FEB 6 1962

1. PLACE OF DEATH

a. COUNTY

Jackson

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN

Kansas City

Length of stay in hospital

18 days

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION

Research Hosp

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Missouri

b. COUNTY

Jackson

c. CITY

OR

TOWN

Kansas City

Inside Limits

Yes ☒ No ☐

d. STREET

(If outside, give location)

3936 Montgall

Reside on Farm

Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)

First

Middle

Last

Warren

A

Taylor

4. DATE

Month

Day

Year

DEATH

Jan

17

1962

5. SEX

male

6. COLOR OR RACE

white

7. Married

☒ Never Married ☐Widowed ☐Divorced ☐

8. DATE OF BIRTH

4/24/1895

9. AGE (last birthday)

66

IF UNDER 1 YEAR

Months

Days

Hours

Min.

IF UNDER 24 HR

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

machinist Retired

10b. KIND OF BUSINESS OR INDUSTRY

manufacturing

11. BIRTHPLACE (City and state or country)

Benton Co. Mo

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

A E Taylor

13b. MOTHER'S MAIDEN NAME

Nellie

14. NAME OF HUSBAND OR WIFE

Josie Taylor

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

yes WWII

16. SOCIAL SECURITY NO.

[redacted]

17. INFORMANT

Josie Taylor

Address

3936 Montgall KC Mo

18. CAUSE OF DEATH (Enter only one cause per line)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

Massive Coronary Occlusion
C Massive Cardiac infarction

INTERVAL BETWEEN ONSET AND DEATH

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

Diabetes Mellitus - Cerebral Thrombosis

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?

YES ☒ NO ☐

20a. ACCIDENT

☐

SUICIDE

☐

HOMICIDE

☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour

a.m.

p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK

NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 1-1-62 to 1-17-62 and last saw him alive on 1-17-62

Death occurred at 9 P.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

Ralph Perry

(Degree or title)

M.D.

22b. ADDRESS

4800 E 24th St K.C. Mo

22c. DATE SIGNED

1-18-62

23a. BURIAL, CREMATION, REMOVAL (Specify)

Cremation

23b. DATE

1/20/1962

23c. NAME OF CEMETERY OR CREMATORY

Elmwood Crematory

23d. LOCATION (City, town, or county)

Kansas City Mo

(State)

24. FUNERAL DIRECTOR

Webb Funeral Home

ADDRESS

Blue Springs Mo

25. DATE RECD. BY LOCAL REG.

1-19-62

26. REGISTRAR'S SIGNATURE

Ruth Long

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed William Frier

Licensed Embalmer No. 4733

P. O. Address Blue Springs

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.